

MICHAEL J. HOUGH
Legislative District 4
Frederick and Carroll Counties

Judicial Proceedings Committee



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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Dear applicant,

Thank you for contacting my office regarding the Maryland Senatorial Scholarship Program.

Many constituents apply for this scholarship each year. You must be a legal resident of District 4 to be considered for a scholarship from my office. To check your residence, please visit: <http://mdelect.net/> and enter your address. If you have any questions concerning residency, please contact my office right away.

To compete for a scholarship in my office, you will be required to complete an application with the items listed below. Your application must be postmarked by the **June 1st** deadline. Any material will be accepted prior to this deadline, and your file can be updated until the deadline. It is your responsibility to return all of the required information to my office, postmarked by **Thursday, June 1, 2017**.

A complete application will contain the following:

1. The 2017-2018 Senatorial Scholarship Application form.
2. A pre-filed FAFSA form by June 1, 2017.
3. Copies of high school transcripts or any college transcripts available.
4. ACT or SAT test scores.
5. If applicable: A letter of acceptance to the college of your choice.
6. If applicable: Certified unique major exception with MHEC.

Please remember, your application must be postmarked by our deadline of **June 1, 2017**. There are a great number of steps required to ensure that scholarships are awarded timely. Consequently, I need your complete cooperation in providing all the information requested and returning it to my office by the deadline.

All correspondence regarding your application and inserts for your file must be sent to:
Senator Michael J. Hough
3510 Worthington Blvd., Ste. 301
Frederick, MD 21704

If you have any questions, please do not hesitate to email me at Michael.Hough@senate.state.md.us or call my office at 410-841-3704.

Sincerely,

A handwritten signature in blue ink that reads "Michael Hough".

Senator Michael J. Hough
Frederick and Carroll Counties

SENATORIAL SCHOLARSHIP CHECKLIST

- I have completed the 2017-2018 Senatorial Scholarship Application form.
- I have completed my FAFSA form before June 1, 2017.
- I have a minimum 3.0 GPA.
- I have included copies of my transcripts/requested that transcripts be sent.
- I have included my ACT or SAT scores
- If applicable: I have included my letter of acceptance to the college of my choice.
- If applicable: I have applied for a unique major exception with MHEC.

2017-2018 SENATORIAL SCHOLARSHIP APPLICATION

Date: _____

_____ M ____ F ____ Phone: _____
Name of Applicant

_____ City or Town, Zip
Home Address

_____ Date of Birth E-Mail
Social Security #

I am a legal resident of the 4th Legislative District of Frederick or Carroll County and would like to be considered for a Senatorial Scholarship to:

College and Campus

I have been accepted to the stated college/university: Yes _____ No _____
(If so, proof of acceptance must be included).

My major/intended major is _____ and my year in college
will be a _____ (freshman, sophomore, junior, senior, graduate).

Enrollment status: Full-time _____ Part-time _____

I graduated/will graduate from _____ High School
on _____.

ACT or SAT Scores: Reading _____ Writing _____ Math _____ Date taken: _____

Current college and high school students **must** include a transcript. Those returning to college **and** graduated before 1990 do not have to include a transcript.

What Academic Honors have you received? If your school does not offer Academic Honors, please indicate.

What Non-Academic Honors have you received?

List all extra-curricular activities (including school, church, community and service activities) in addition to elected positions and years held.

In the past three years, what were/are your places of employment?

(Include full/part-time and summer jobs).

Have you applied for Financial Aid elsewhere? _____

If so, where?

Do you currently receive Financial Assistance? _____

If so, from whom? _____

Have you been offered or received an Educational Assistance Grant? _____

If so, how much? _____

List name of college, name of student in college/university and year in school:

_____	_____	_____
Name	College	Year
_____	_____	_____
Name	College	Year

Mother's name, address, occupation and place of employment:

_____	_____
Name of Mother	Occupation
_____	_____
Home Address	City, State Zip
_____	_____
Name of Employer	Address of Employer

Father's name, address, occupation and placement of employment:

_____	_____
Name of Father	Occupation
_____	_____
Home Address	City, State Zip
_____	_____
Name of Employer	Address of Employer

I CERTIFY THE ABOVE IS TRUE AND CORRECT. I ALSO UNDERSTAND THAT INCOMPLETE INFORMATION OR FAILURE TO ENCLOSE THE APPLICABLE REQUESTED INFORMATION WILL VOID MY APPLICATION.

_____	_____
Applicant's Signature	Date

Please note: Should you need additional space, please feel free to include a personal letter.